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ABSTRACT

This training module on parent readiness levels is based on the premise that parents pass through stages of development in accepting and working with their child's handicap. The module is designed to be used in inservice training on parent involvement and to aid staff in identifying levels of parent readiness for involvement and in recognizing parental behaviors indicative of each level of readiness. The readiness levels can provide a conceptual framework for understanding parents' needs and abilities, and provide a systematic way to respond to parents' capabilities with appropriate expectations. The developmental levels of parent readiness are categorized as: (1) attendance, (2) observation, (3) assistance, (4) participation, (5) planning, and (6) leadership. Techniques for facilitating involvement are discussed. An appendix contains materials useful to the inservice training leader. (JDD)

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Parent Readiness Levels:
A Developmental Approach to Parent Intervention

Training Module

by
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Parent Readiness Levels developed under the auspices of Project RHISE/Outreach, Steven L. Smith, Project Director. Parent Readiness Level Training Materials developed by Macomb 0-3 Rural Project, Patricia L. Hutinger, Ed.D., Project Director; Susan Mietus, Series Editor.

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Introduction

Staff members who provide early intervention services often become discouraged if the parents of the children they serve do not become actively involved in the children's program. In order to alleviate the staff's frustrations, to provoke some understanding of why the parents may not wish to become involved, and to elicit some techniques for encouraging parental involvement, we have developed this training module on Parent Readiness Levels. The module is based on the premise that parents, just as children, pass through stages of development, particularly insofar as accepting and working with their children's delay or handicap. The module may be used as the basis for inservice training on parent involvement. These instructions are intended for the use of the person conducting that training.

The objectives of the training session are to provide the skills necessary to the staff so that they can identify the levels of parent readiness for involvement in the child's program and recognize parental behaviors which indicate at what level the parents are ready to become involved. As a result the staff will be able to associate the appropriate staff roles with each level of parental involvement and acquaint themselves with some techniques that are available for use at each level.

Parent Readiness Levels:

A Developmental Approach to Parent Involvement

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Parent Readiness Levels: A Developmental Approach to Parent Involvement

> If there is anything that our research tells us is definitely demonstrated, it is the effectiveness of early intervention with handicapped children.
>
> Hayden, 1981

Research data clearly indicate that early intervention and early childhood programs are successful in minimizing the effects of handicapping conditions of young children and maximizing the growth and development of those children. Bronfenbrenner (1975), Garland, Stone, Swanson, & Woodruff (1981), Kelly (1980), and Lazar (1979, 1981), in their reviews of the research, have reported that children served in early intervention and early childhood programs, as compared with similar children who have not received these services:

(a) require fewer special education services as they grow older,

(b) show developmental gains as measured on a variety of standardized tests, and

(c) experience less failure and more retention in "normal" classrooms.

An important variable which had a significant impact on handicapped children's progress was identified in the studies by these and other reviewers: active involvement of at least one of the child's parents in the child's program. This variable was, in fact, felt by the reviewers to be a major factor in producing positive, lasting developmental changes in the children. Both Lazar (1979) and Bronfenbrenner (1975), in their reviews of early intervention research, identified "active parent involvement" as a critical factor upon which child progress was dependent. The fact that most programs now have a "parent involvement" component is an indication that this factor is recognized as important by early intervention program staff and administrators.

Parents are generally encouraged by staff members to participate in the assessment, program planning, service delivery and re-assessment processes. Parents are invited to become involved in administrative and community relations aspects of some programs. Many parents are ready and able to assume an active role in their children's intervention program. Their children, as the research indicates, usually experience positive results from the family's participation in the program.

There are, however, some parents who do not become involved actively in their children's programs, and some who do not become involved at all. The children of these parents may experience only minimal positive growth and development. The most significant issue for programs serving young children then, is: How do you involve parents who appear not to want to be involved or who want to be only passively involved in their child's program?

Bromwich (1981) offers a surprisingly simple answer. She has determined that "staff's sensitivity to the parents' needs and priorities determines the extent to which parents are receptive to intervention and feel trust in the staff" (p. 21). From this answer, a new question arises: How do we determine parents' needs and priorities?

In determining how to work with a child, programs utilize a variety of formal and informal assessment instruments, usually administered by a multi-disciplinary team of professionals. Once the child's strengths and needs are determined, the team uses this knowledge to plan an appropriate program for each child. It would be unthinkable for a professional to serve all children in the same way, regardless of the needs, strengths or abilities of the child. Yet early intervention programs often serve parents this way. All parents are offered some opportunities for involvement in their child's program, and they are all expected to take advantage of these opportunities. Staff members are often disappointed when parents do not respond to offers and will exert extra efforts to motivate parents or make it easier for them to become involved. Parents, however, are individuals like their children. They have different levels of understanding, acceptance, knowledge, skills, strengths, limitations, needs, and wants.

It is in fact widely recognized that people continue to develop throughout their life-span (Sheehy, 1974). Parenting itself can also be viewed as a developmental process (Friedman and Friedman, 1977). New parents may approach family life with inappropriate expectations and progress through several stages of emotional growth and development. Procaccini and Kiefaber, (1983), recognize critical points in this process when parents may become sidetracked and "burnt out."

In addition to these usual developmental phases, parents of a child with a handicapping condition experience grief when they learn of that condition. Their ability to be involved in their child's program may be dramatically affected by this feeling. Parents often experience feelings of disbelief and denial when they are informed there is something wrong with their child. Feelings of denial may be so strong that the parents are reluctant to admit the need for or to participate in services for the child. Parents may experience feelings of guilt, anger, depression, shame, embarrassment, or other related feelings as they cope with and adjust to their child's disability.

Any approach to viewing parents developmentally must integrate into its strategies a recognition of the cognitive development of parents as adult learners. Knowles (1978) has identified characteristics of adult learners. Hutinger (1981) adapted the work of Knowles and views parents as:

(a) feeling a need to learn,

(b) perceiving the goals of the learning experience to be their goals,

(c) accepting a share of the responsibility for planning and operating a learning experience,

(d) participating actively in the learning process, and

(e) having a sense of progress toward their goals.

According to Knowles (1978), the teacher is responsible for establishing effective conditions for learning. These include a comfortable physical environment and an atmosphere of acceptance, mutual respect, trust and helpfulness, and freedom of expression. The teacher recognizes and makes use of the experience of the learner or parent. It is only logical that we would have more involvement with parents in our programs if we used a developmental approach in working with them as we do with their children. Such a developmental approach must include a recognition of the stages of adult development, the effects of the grief process on parents, and the parents as adult learners. This developmental approach with adults, just as with children, begins with assessment.

Parent/Family Assessment

According to Ramey, Bechman-Bell, and Gowen (1980), staff need to be sensitive to both the stresses and strengths of families:

> The task in working with parents is to take into account the stress that they may be under and strive not to add to it while at the same time taking advantage of the unique contribution that parents can make in facilitating their child's development. (p. 80)

If programs are to meet the needs of the parents they serve rather than demand that the parents meet the needs of the program, efforts must be made by program staff to assess the entire family. Staff often do this intuitively and adapt policies, procedures, and approaches to parents based upon judgments they make about the parents during the initial contacts with the family. At times, this is an almost unconscious process. As a result, little sharing is done with other team members, and the awareness of the family members' needs is not used in planning how to serve the child or parents. The parent assessment process must therefore be formalized to insure that the information about families is gathered in a consistent and useful manner. Informal methods such as staff observations can be formalized by systematizing and documenting them. Factual and attitudinal information can be gathered directly from the parents via staff interviews or questionnaires.

Some programs have already begun to formalize this assessment process. An excellent resource for examples of various approaches to parent needs assessment is Gathering Information From Parents, a TADS publication edited by Patricia Vandiviere and Pamela W. Bailey (1981). The instruments they reviewed were developed primarily by demonstration and outreach projects funded by the Handicapped Children's Early Education Program (HCEEP), Office of Special Education Programs (OSEP) of the United States Department of

Education. These instruments and others like them can assist staff in understanding family interaction and relationships, parental skills and limitations, and the needs and wants of individuals and family members.

The family needs assessment, when conducted using a variety of instruments over the period of the first several contacts with the family, will enable the team to plan methods of parental involvement appropriate to the needs of the parents, thereby increasing the possibility that they will become actively involved in the program. The parents' active involvement will increase the likelihood that the child will experience positive growth and development while being served by the program.

Readiness Levels for Parent Involvement: Overview*

In an attempt to view parent involvement developmentally and to formalize the gathering of information regarding family needs and strengths, a systematic, developmental approach was created by the senior author. "Readiness Levels for Parent Involvement" provides a framework for parent involvement which enables staff to determine parent needs and level of readiness for involvement. Staff can then establish realistic goals for parents and monitor progress toward these goals.

The concept of readiness levels is based upon a developmental process ranging from the parent's involving herself minimally in the program to the parent's assuming a leadership role in the program. The term "readiness" was specifically chosen for its reference to the concept of readiness in children. This concept implies the degree of preparedness for learning a new skill or attaining a new level of cognitive awareness. It means that the person has already acquired the prerequisite skills and knowledge which provide the foundation upon which the new ones can be built. The use of the term "levels" is not intended to label or categorize parents, or place them on a position in a hierarchy. Rather, the levels should be viewed as stages of a process you will work through with the parents.

Although movement is usually considered as flowing from one level of involvement to the next more active level, it should be remembered that a specific crisis, by placing additional stress on parents, could cause them to revert to a less active level. The parents' recognition of the severity of their child's handicap after a period of denial could cause depression, for example, resulting in less involvement in the program. This recognition of the severity of the child's handicap is actually indication of progress, even though it results in less involvement in the program. These situations should be expected, accepted, and considered by the staff as temporary, but until the crisis is resolved and the parents begin to function as before, they should be viewed as functioning at the new level, and new goals should be established based upon the indicators for that level.

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* For ease of reference only, when it is necessary to distinguish the individual parent from parents in general, throughout this paper we will refer to the parent as "she."

Parents enter the program at different levels. Some parents will be ready to be involved at the participation level, while others may be ready for the observation level. The goal with each parent is to facilitate more involvement; it must be realized that every parent will not or cannot be involved to the same degree. Each parent should be viewed as being successful at whatever level she is functioning.

Each level is characterized by specific indicators to assist staff in determining where to begin working with the parent. These indicators become specific goals or activities for parent involvement. Parent progress can be measured by achievement of goals. The levels should always be considered as fluid in that it is possible for a parent to be functioning at more than one level at the same time. Viewing the parent at a specific level, however, rather than across levels, provides more structure to staff efforts, and for that reason, the parent should be considered to function at only one level at a time.

The assessment of the family is generally done during the intake period. All team members participating in the intake process should be involved in the decision regarding what level the parent is ready to be involved. A level of readiness is established for each parent or significant adult in the family. Often each parent in a family will have a different level of readiness for involvement. The information upon which the decision is made should be gathered by team members from referral sources, other agencies serving the family, parent interviews, formal assessment instruments, and team member observations during the intake and evaluation process. The parent's level of readiness is defined as the level at which the parent has <u>not</u> achieved approximately 75 percent of the indicators. The team should then view all unachieved indicators at that level as goals for improving the parent's involvement in the program, although only one or two should be focused on at a time. The team should regularly review each parent's progress. When a parent has achieved nearly all of the indicators of that level, the team should consider whether to "move" the parent to the next level, thereby establishing the indicators at <u>that</u> level as goals for the parent's involvement.

A significant issue with regard to the use of the indicators as goals for parents is how to involve the parents in the goal-setting process. The instrument itself is not given to the parents; rather, staff use it as a framework for understanding parents' needs and facilitating their growth. The following example of a staff member sharing goals (indicators) with a parent will clarify how potentially negative areas of concern can be approached in a positive, non-threatening manner, and how parental agreement can be obtained regarding the acceptance and mutual establishment of the goals.

> "Mrs. Jones, I had mentioned to you last week that we would discuss how you would be involved in Tommy's program at the Center. I remember that you had said when Tommy came in for testing that you didn't know anything about our Center and that you weren't sure he had a problem serious enough to come here. It's not fair to you for us to ask you to decide whether you want him to come until you know more about what we do here and whether Tommy really needs to be involved. To help you learn more, Tommy could attend the Center for the next four weeks and you could come in with him. Our goal would be to show why we think Tommy needs help. You could also attend one of our weekly orientation sessions where

we explain how we work with children and their families. Then, at the end of the four weeks, we could meet again to discusss whether you think Tommy really needs to come to the Center. Is that all right with you?"

The parent's agreement to this proposal would provide time for the team members to assist the parent to recognize the child's problem and to understand more about the nature of the program. The time the parent spent at the Center would not be used to attempt to get her more involved in the program. It would be used to make the parent feel comfortable at the Center and familiar with the program routines and to establish a closer relationship with a staff member. This would increase the chances that the parent, at the four-week meeting, would be willing to make an on-going commitment to her child's involvement in the program. Using a similar approach, the team can share other goals with the parents and usually gain agreement upon the goals for involvement.

Signs of Special Needs

The following list should be used by staff as "warning signals" that a family may have special needs or problems which could make it difficult for them to become involved in an early intervention or early childhood program. A recognition of one or more of these indicators during the intake process should signal the staff that the parents will probably need extra support or efforts by staff in order to facilitate the initial and on-going involvement of the family. These parents should usually be placed at the Attendance Level, which demands the least involvement of the parent. Signs of special needs include:

(a) parent under the age of 20
(b) parent unemployed
(c) parent of minority heritage
(d) single-parent family
(e) parent attained low educational level
(f) family at poverty-level income
(g) history of suicide threats or attempts
(h) history of psychiatric, criminal, or deviant behavior
(i) large number of children in the family
(j) several children close together in age
(k) more than one delayed, disabled, or problem child in the family
(l) negative community response to the family
(m) home in "bad" area of town
(n) home in isolated rural area
(o) no telephone or unlisted number
(p) no transportation or access to mass transportation

Techniques for Facilitating Involvement

Each level of involvement requires the staff member to fill a different role while working directly with the parent. This requires flexibility and

constant awareness and monitoring of the goal for the parents and their behavior in relationship to the goal. Just as there are specific goals identified at each level for facilitating the parents' involvement in the program, there are specific goals for staff behavior in relation to the roles which they assume while working with the parents. Some sample techniques will be identified for use at each level. These techniques, however, must be used within the framework of the parental and staff goals for that level. Only a few techniques are presented at each level because there is no magic recipe for facilitating the movement of the parents from one level of involvement to the next. This movement only takes place as a result of a flexible, spontaneous attitude on the part of the primary staff member and the rest of the team serving the child. The team must decide, on an ongoing basis, when parents are ready for new goals, taking into account the parents' level of strength, skills, needs, and progress. In this way, staff learn to respond as the current situation dictates within the framework of the parental and staff goals.

When using these techniques to meet parents' needs and to help them move from one level of readiness to another, we can view each level of achievement as a three-stage process: the initial stage, the active stage, and the transition stage. During the initial stage, the parent is systematically introduced to the techniques; as each technique is introduced, it is phased in gradually. In the active stage, several techniques are utilized simultaneously and with "full strength." When the "indicators" identify that the parent has achieved the necessary goals to move to the next level, the transition stage begins. During this stage, the parent is gradually eased away from the techniques being used, and the parent is moved into the initial stage of the next level. Thus, a smooth, uninterrupted process of parent involvement in the program is assured.

Some techniques are appropriate for only a specific level, while others are appropriate for several levels or for all levels. For example, techniques to increase the parent's awareness of the child's skills are primarily employed at the Observational Level, while techniques to increase the parent's self-esteem are appropriate at all levels.

The following levels are reviewed from the minimum amount of involvement of the parent to the maximum amount. Team members should not assume direct responsibility for the achievement of all the goals at the earliest levels of involvement (e.g., insuring a safe, adequate, clean home for the family). Rather they should facilitate the achievement of this goal by referral to an appropriate community agency or resource. The team member, then, coordinates a network of community services, monitoring and advocating, if necessary, to assist the family in achieving the goals. If the family is uncooperative or unable to participate in these efforts, then the team member accepts the parents' choice or inability to participate and does not expect more involvement from them. This prevents staff members from becoming frustrated with the parents' lack of progress and from applying pressure to them until the parents, feeling threatened, withdraw from the program. If services must be terminated due to the erratic attendance of the child over an extended period of time, the team should handle this in a positive manner:

> "Mrs. Smith, I know some things have interfered with your ability to get Mary to her scheduled sessions. I'm sure you feel bad when she has to miss. This puts more pressure

on you. It might be easier on you if we temporarily withdrew her from class so you don't have to worry about it. We could contact you again in three months to see if things have improved for you. Is this all right with you?"

Readiness Levels for Parent Involvement: Description

I. Attendance Level

At this level, the primary goal of the staff is to encourage the parent to establish and maintain the child's attendance at regularly scheduled sessions.

The secondary goals or indicators at this level are:

(a) to stabilize the ecological factors for the family by improving the family's home, health, safety, nutrition, and economic situation;

(b) to alleviate stress and emotional pressures on the parents by strengthening the family's support system and the parents' relationship with each other and by improving the parents' self-concepts and self-esteem;

(c) to assist the parents' care of the child by facilitating the basic daily care, and encouraging nurturing behavior, appropriate parenting roles, and appropriate parental expectations for the child;

(d) to increase the verbal accessibility of the parent by improving the parents' ability to keep appointments and to listen to and talk with staff members; and

(e) to establish the parents' attendance at informal coffee groups or small social gatherings sponsored by the Center.

The staff role at this level is "Establisher." The role title itself is a reminder that the key thing necessary for the achievement of this goal for the parent is to establish a trusting relationship between a staff person and the parent. Very closely related to this is the promotion of the parent's self-esteem. The choice and implementation of all techniques to be used at this level with a parent should always be considered in light of whether they will promote trust between the parent and staff member and promote the parent's self-esteem. All other work, including work with the child, is secondary to the achievement of this goal. Parents at the Attendance Level of involvement are often initially mistrustful (Rundall and Smith, 1982). If things are done by staff which lower parental self-esteem and cause the parent to be more mistrustful, it will only be a short time before the parent withdraws the child from the program.

Some techniques which can be used by staff at this level are:

Bolster the parent's self-esteem with your attention and concern. Take the time to have a cup of coffee with the parent. Serve the parent a snack, such as cookies which you've baked especially for the occasion.

Recognize and accept that the parent may become dependent on you and may develop a need for on-going activities with you. If the parent enjoys talking with you over coffee, use that weekly activity to encourage the parent's participation in other aspects of the program.

Consider helping the parent find (or your facility providing) part- or full-time day care for the child to provide some respite for the parent from the daily struggle for survival and the overwhelming "chore" of parenthood (Bronfenbrenner, 1975).

Share with the parent the fact that you recognize that she is doing the best job she can of being a parent under very overwhelming circumstances.

Give the parents pictures of their children, of themselves, and of themselves with their children. Give food and drinks, and, if appropriate, toys or clothes. These can often be obtained used at no cost.

Make frequent telephone calls (if the parent has a telephone) and home visits (if the parent is comfortable with you in her home).

Focus on the parent rather than the child; if necessary, assign two staff members to the family, one to the parent and one to the child.

Ask how you can be of help.

Focus on appropriate goals, one goal at a time, and break each goal into small steps if necessary. Have the parent assist in the goal-setting process. Never say you will help and not follow through. Initial goals need to be concrete and will require efforts on your part; for example, getting them to the doctor, to Public Aid, and so on.

Remember that the staff goal is to establish a trusting relationship. The parent must begin to enjoy the time spent with the staff member and to look forward to the next contact. This dependency in the parent can later be withdrawn (Rundall and Smith, 1982). Initially, however, it is a critical factor in recognizing when the relationship with the parent has been established. This is, of course, a long-term process and to be successful the staff must be a model of acceptance, nurturing, giving, and caring.

II. Observation Level

The primary goal at the Observation Level is to promote the parent's understanding of early intervention and its role as a positive influence on her child's development. At this level, the parent is not encouraged to participate actively in her child's program, but rather to observe it.

The secondary goals or indicators at this level are for the parent:

(a) to attend an orientation session and to demonstrate interest in the program;

(b) to recognize the child's need for services, to develop an awareness of the child's level of functioning, and to express some concern regarding the child's development;

(c) to recognize her ability to influence and promote the child's development by recognizing her role as parent; seeing her child as an individual, separate person; reacting to the child's needs; and engaging in a "teaching" activity or task;

(d) to develop an interest in improving her parenting and teaching knowledge and skills; and

(e) to establish regular attendance at her child's intervention sessions and to cooperate in the observational sessions.

The staff role at the Observation Level is "Guide" to the parent, which implies that the staff must assist the parent in gaining a broader understanding of early intervention, her child's problem, and her role in the intervention process. To do this, we must sharpen the parent's observational skills so the understanding necessary for her to begin to work with her child is established. A key factor is promoting regular attendance of the parent, and all techniques would be chosen with this in mind and implemented in a way which will encourage attendance. A good sign of the parent's achievement of this level is a strong parent-staff relationship.

Some techniques for use at this level are:

Help the parent have fun. Include her in snacktime and fun activities. Invite her to bring relatives or friends with her.

Use structured observation. Plan situations to help the parent develop an awareness of the child's problems. Teach her to observe, identify, and record the child's behavior and progress. Have the parent observe other classes and other children as well as her own child.

Introduce the parent to other parents and allow for some informal social time together. Small luncheon potlucks or coffee groups work well.

It is important to show and tell the parent that what she is doing is meaningful. Make minimal demands, be consistent and predictable, and allow time for socialization and expression of feelings.

III. Assistance Level

The primary goal at this level is to actively involve the parent as an assistant in the child's intervention program. Through structured activities, encouragement, reinforcement, and instructive feedback, the staff member assists the parent to gradually assume the role of an active participant in the intervention activities.

The secondary goals or indicators at this level are:

(a) to establish the perception that the intervention setting is a safe, non-threatening experience (which is manifested by the parent's regular attendance, verbal feedback, and improved parent-staff relationship);

(b) to develop realistic expectations for the child's behavior (as manifested by appropriate discipline) and for the child's development;

(c) to establish an appropriate parent-child relationship in which the parent learns to enjoy the parenting role, to play with the child, to communicate appropriately, and to use encouragement and reinforcement to facilitate the child's development;

(d) to recognize the parent as the child's primary teacher who assumes responsibility for and pride in promoting the child's development;

(e) to assist in social events, including parent groups, parent meetings, and staff meetings;

(f) to assist in making materials for staff-structured intervention activities both during the session and at home; and

(g) to work with the child in staff-structured activities, which are gradually done more independently of the staff's presence and support.

The staff role is "Trainer," which defines well the staff's activities at this level. The staff member, in fact, trains the parent to begin to assist in implementing the child's program by promoting further awareness of the child's problem and the role of parents in the early intervention program and by providing, through structure and support, opportunities for the parent to develop the knowledge, skills, and confidence necessary to promote her child's growth and development. It is at this time that staff can begin to involve the parent actively in working with her child, although it may be preferable (if the child is extremely active or uncooperative, or has an unusual problem)

to have the parent develop skills and confidence by working with another child first.

At this level, in the parent's view, the staff is still primarily responsibility for the child's development. As the parent becomes ready for the next level of involvement, her view changes to a more appropriate one--that the responsibility is shared by the staff and herself.

Techniques which staff might use at this level are:

Have the parent begin involvement in a non-threatening way with simple tasks (for example: cutting pictures out of magazines, running snack time, etc.).

Teach the parent communication skills. Help the parent learn to focus attention on the child and to get the child to focus attention on her.

Structure activities for the parent:
(a) explain the reason for the task to parent
(b) explain the activity
(c) model the task
(d) have parent explain the activity
(e) have parent do the activity
(f) have parent explain what she did
(g) ask parent how she felt while doing the activity.

Help the parent to make demands of the child and to set limits. Teach her reinforcement and encouragement activities.

Remember to phase the parent in slowly, sequencing small, manageable steps. The key is to make the parent feel useful, confident, effective, and most important, successful in her efforts.

IV. Participation Level

The primary goal at the Participation Level is to establish the parent as a fully-functioning team member. This is the level of participation implied in Public Law 94-142 and envisioned in much of the literature on parent involvement. This level of involvement by parents requires an important change in the staff-parent relationship. The parent becomes an equal partner and team member in planning, implementing, and evaluating the child's program. The parent will, however, be different from the other team members in that she may have a periodic or ongoing need for support from the primary staff member with whom she relates. This need stems from the grief process which parents often experience on a recurring basis.

The secondary goals or indicators at this level are:

(a) to understand the implications of the child's delay or disability in terms of its effect on the child's past development, current abilities and needs, and future limitations;

(b) develop the knowledge and skills necessary to teach without staff support;

(c) to develop the knowledge and skills necessary to work with other parents in the intervention session;

(d) to achieve the emotional stability necessary to work with other parents in the intervention session; and

(e) to share with other parents, professionals, and community members (in a resource role to staff members) the importance and impact of the early intervention program on the child.

"Partner" is the role of the staff member at this level. The key factor is the development of the parent's full understanding of the reality of early intervention and of her role as the primary teacher on the team. This includes the promotion of the parent's ability to act on this understanding and to begin to function in this role with less and less structure and with minimal staff support. It also requires that staff members share responsibility for the child by including and treating the parent as an equal partner on the treatment team. Techniques at this level are, therefore, both parent and staff-oriented:

Teach the parent to arrange the physical conditions and environment for specific activities.

Have the parent begin to use many of her skills with minimal staff direction and support.

Make the parent a part of the classroom and treatment planning processes.

Allow the parent to take the lead position as primary teacher.

Remember that the parent's inclusion as a partner on the team requires that the staff member begin to see the child less as his child and more as the "primary teacher's" (parent's) child. As this transition gradually takes place, the staff member works less and less directly with the child, while the parent works more and more. The staff member still "coaches" the parent and provides appropriate support.

V. Planning Level

At this level, the primary goal is to assist the parents in taking the lead in planning and implementing aspects of their child's program. The

function of the primary staff person becomes that of a resource person who evaluates the child, provides basic direction for the parent, and gives formal and informal consultation as appropriate.

The secondary goals or indicators at this level include the parent being able:

(a) to teach concepts and skills to the child with little direction or monitoring by the staff,

(b) to plan ideas for use by the individual, the group, or both, beginning with social activities and ending with instructional and therapeutic activities,

(c) to assist in planning classroom activities, including joint-planning with staff and planning on her own,

(d) to provide one-to-one support to other parents in the classroom and in group meetings,

(f) to act as a resource person for professionals, and

(g) to act as an advocate for her child.

The staff's role while working at this level is as a "Consultant" to the parent. The goal of the staff is to transfer the responsibility for the child from the staff team to the parent. The parent moves beyond the implementing of staff-directed activities to actually planning them herself and assessing their effectiveness. Eventually the staff's role will be to provide no on-going structure for the parent and only minimal support. The staff then becomes a resource to the parent on an as-needed basis. The staff does maintain, however, a responsibility for periodically monitoring child progress, sharing this with the parent, and providing some general direction.

The techniques at this level should focus on teaching the parent:

(a) what materials can be used,

(b) how they can be used,

(c) why they should be used, and

(d) how to assess their use.

Some parents who achieve this level of involvement are eventually able to function entirely on their own for several months, after which time they bring the child in for a re-evaluation. It is good practice to have the staff member call every month to touch base with the parents in the event problems do arise and the parents are reluctant to call for assistance.

VI. Leadership Level

Although the primary goal at this level is to encourage the parent to become involved in a variety of leadership roles within the program, it is important to realize that not all parents wish to do this. Parents should, therefore, be actively involved in deciding whether to participate in these activities. The parents, if they choose to participate at this level, will still need staff support, training, and reinforcement.

Even though the leadership level is the last step in the process, parents do not necessarily need to have achieved the rest of the levels in order to assume leadership roles in the program. It is possible that some parents at the participation level or planning level may be interested in, and ready to become involved in, leadership activities. They can then function at both levels at the same time (participation or planning and leadership); some goals for the parents' involvement should be established from both levels.

Leadership activities include:

(a) leadership for parent groups,

(b) presentations to professional groups,

(c) assistance with community awareness activities, and

(d) participation in decision and policy-making by serving on task forces, advisory councils, and boards of directors.

The staff role of "Collaborator" at this level implies that the parent and staff member work closely as colleagues in planning the parent's movement into the leadership area. This role involves no relationship to the child on the part of the staff member and should focus only on the parent. This level of involvement is ideally a long-term commitment and can, in fact, extend past the time the child is enrolled in the early intervention program.

It should be remembered that not all parents will ever be ready for or want to become involved at the leadership level, and the staff should not pressure them into situations which they are uncomfortable with or dislike.

Summary

As described previously, the purpose of the Readiness Levels of Parent Involvement Training Module is to assist staff to appropriately meet parents' needs, to facilitate their growth, and to help parents meet the developmental and educational needs of their children. These levels can be used to:

(a) assess parents' readiness for involvement,

(b) provide a conceptual framework for understanding parents' need and abilities,

(c) provide a systematic way to respond to parents' capabilities with appropriate expectations, and

(d) see progress in the effort to get parents involved.

If the parents are unwilling or unable to become more involved, the module will provide staff with an awareness of why this is so, enable them to maintain appropriate expectations for the parents, and prevent them from suffering lowered self-esteem and experiencing feelings of failure about their lack of ability to involve the parents in the program.

The Readiness Levels of Parent Involvement thus provides a developmental approach to working with and involving parents in their child's early intervention program. By using this approach, early intervention programs can achieve the ultimate purpose for which they exist: the promotion of the growth and development of each child to the maximum degree possible.

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Parent Readiness Level

Training Materials

How to Use This Module

In order to make the best use of the materials included, the training leader should follow the usual procedures for setting up an inservice session: identify the people who will participate in the training, schedule at least half a day for the session, and find a pleasant, comfortable place where there are no distractions. Materials to be reviewed by the participants should be duplicated and distributed ahead of time; materials to be used during the inservice session and after should be duplicated in time to be distributed at the session. The training leader will find that overhead transparencies, a blackboard, or a large tablet and easel will help record and stimulate discussion.

A good way to begin the training is to discuss the contents of the module with the participants. The Summary of Goals and Roles (pp. 28-29) will provide a reminder of the elements of each level of readiness for both the parent and the staff member. Reference to parents with whom the participants are familiar will help clarify the goals for the participants.

Participants may be interested in sharing techniques, either similar to or different from those suggested by Rundall and Smith, that have worked for them in involving parents. In this case, it will be most useful if the participants, if possible, break those techniques into components like those used in the module; that is, primary goals, secondary goals, and techniques. It is also helpful to identify techniques that participants may have tried that were not successful, and to discuss reasons why the techniques may not have worked.

Having worked through the contents of the module and reached an understanding of the principles and techniques involved, participants will want to examine the families on their current caseload. A reference to the list of Signs of Special Needs (p. 10), to determine whether any of the families on the caseload fall into the category of Special Needs families, would be appropriate at this time. Next, participants will want to identify the level of readiness at which each parent is functioning and to select one or two of the suggested techniques which they will try with those families, keeping in mind the need for confidentiality. The Worksheets on Readiness Levels (pp. 33-39) can be adapted to identify program parents' readiness levels simply by listing the names of the parents in the space provided for dates and comments. If time permits, participants may wish to break into small groups and try some role-playing, taking turns acting out the role of parent at various levels and of staff members in various roles. Two samples of possible non-threatening staff-to-parent communications (pp. 9, 11) are provided, but staff members should be encouraged to adapt the positive techniques to their own personal styles, rather than memorizing or imitating the examples.

Opportunities for question and answer sessions and group discussion should be built into the inservice training.

Participants should be encouraged to use the concepts and techniques they have mastered at the inservice training as they work with the children and families on their caseloads. Before the participants leave, two follow-up meetings should be scheduled: the first within a month, the second within three months. At these follow-up meetings, the participants can discuss their applications of the readiness levels and bring up problems, successes, and results of their use. Some sample discussion questions and suggestions for further activities (p. 27) have been provided for use at either the initial inservice session or the follow-up sessions. The list of References which accompanies the Parent Readiness Level text will provide some further reading on the topic.

After the initial training session, the training leader will want to summarize and evaluate it, making note of suggestions or problems that arose. This is a good time to begin preparing for the follow-up sessions.

Suggested Discussion Questions

1. Why is it important to view the parents' involvement in the program from a developmental or readiness perspective?

2. How can the use of the signals of special needs help the staff to screen parents and monitor their expectations for the parents' initial involvement.

3. Why is it important for the staff to set expectations for each individual parent?

4. Look at the indicators for parents for each level. What are the implications in terms of the staff's expectations for the parent working with her child?

Ideas for Further Work

1. Keep a record of the suggested activities used, then analyze the success or failure.

2. Record the follow-up on families over a period of time, for example at two month intervals.

3. Find and read works selected from the references or other related works.

4. Discuss the parent readiness levels with related service staff, such as diagnosticians, physical therapists, occupational therapists, language therapists, aides. Work together to develop strategies to use in working with individual families during an interdisciplinary staffing. Evaluate.

5. Examine ways of formally integrating the concept of readiness levels into program procedures. Some suggestions might be: developing a contract outlining staff and parent roles and responsibilities in the child's program; noting on the intake form if any of the signs of special needs are present; including a record of parent levels on the child's IEP form.

6. As a group, discuss your expectations of parent skills and behaviors in general. Discuss how you feel when parents do not meet your expectations and how your feelings affect your attitudes and beliefs about families. Does the use of readiness levels help to alleviate negative attitudes?

Summary of Goals and Roles

	I. Attendance	II. Observation	III. Assistance
Goal	Promote trusting relationship and parent self-esteem	Promote regular attendance and basic understanding	Develop understanding, skills and confidence in parent
Parent Role	Dependent -Establish social contacts	Observer -Attend orientation groups -Recognize child's problem -Recognize parental influence on child's development -Develop interest in improving skills in working with child -Establish regular attendance at intervention sessions	Assistant -Work with child within given structure -Feel comfortable in the classroom or intervention session -Establish appropriate parent/child relationship -Provide appropriate assistance
Staff Role	Establisher -Stabilize ecological factors -Alleviate stress and emotional pressures -Assist in child care -Increase verbal accessibility	Guide -Encourage parent to reach goals	Trainer -Help parent develop realistic expectations for child -Accept role of parent as child's primary teacher

Summary of Goals and Roles - continued

	IV. Participation	V. Planning	VI. Leadership
Goal	Allow parent to be primary teacher of child and full team member	Transfer most responsibility for child to parent	Parent assume leadership role(s)
Parent Role	Partner -Understand implications of child's delay or disability -Develop skills and techniques to teach with staff support -Develop skills for working with other parents -Achieve emotional stability necessary for working with other parents -Share with other parents, professionals, and community	Initiator -Teach concepts and skills with little direction from staff -Plan ideas for classroom and individual use -Assist in planning social events and classroom activities -Provide one-to-one support to other parents -Act as resource person for other parents and professionals -Act as advocate for child	Leader -Provide leadership for parent group -Make presentations to professional groups -Assist in community awareness activities -Participate in decision- and policy-making
Staff Role	Partner -Work with parent	Consultant -Be available to parent	Collaborator

Readiness Level for Parent Involvement

Worksheets

These worksheets of Readiness Levels were designed to record the intital placement of a parent at a readiness level and the progress through the various levels. Space is provided for comments, dates, facilitators, events which may affect progress, and so on.

Two examples are given: the first is for a parent who has completed the Attendance Level; the second is for a parent who is in the Participation Level.

Readiness Levels for Parent Involvement Worksheet

I. Attendance Level

Parent Name MARY SMITH Date began 3/22/84

Staff Name(s) B. BROWN Date achieved 9/15/84

	Parent Indicator	Staff Facilitator
Stabilize ecological factors by improving family's home, health, safety, nutritional, and economic situation.	FAMILY INSTALLED SMOKE DETECTOR IN HOME - 5/20 MARY ENROLLED IN CAKE DECORATING CLASS AS POSSIBILITY TO MAKE EXTRA MONEY - 7/15	1) ACCOMPANY MARY TO WIC OFFICE FOR NUTRITIONAL ASSESSMENT AND ENROLLMENT (4/13) 2) HELP MARY APPLY FOR PART-TIME JOB (5/11)(6/4)(6/6)
Alleviate stress and emotional pressures on family by stregthening family's support system and parents' relationship with each other and by improving parents' self-concept and self-esteem.	(GRANDPARENTS, AUNTS PROVIDE REGULAR RESPITE CARE FOR PARENTS ON FRIDAY NIGHTS)	1) ARRANGE FOR RESPITE CARE FOR TIMMY SO PARENTS CAN ATTEND CONFERENCE OUT OF TOWN 3/26-3/28 2) DISCUSS 0-3 PROGRAM W/ FAMILY CLERGYMAN (5/12) 3) INVITE GRANDMA TO FALL POTLUCK (9/3)
Assist parents' care of child by facilitating basic daily care, encouraging nurturing behavior, appropriate parenting roles, and appropriate parental expectations for child.	MARY RESPONDED TO TIMMY'S FUSSING BY PICKING HIM UP, HOLDING AND ROCKING HIM - 5/11 M. PLAYING, LAUGHING WITH T. - 7/1 FAMILY PROVIDING A REGULAR PATTERN OF CARE, LIVING ROUTINES DAILY - 8/23	1) HELP PLAN SOME EASY-TO-PREPARE MEALS FOR T. DURING HOME VISITS (5/10) 2) SHOW FILMSTRIPS ON CHILD DEV. AT PARENT MTG. - DISCUSS IMPLICATIONS OF T.'S NCP. ON NORMAL DEVELOPMENT (7/13)
Increase verbal accessibility of parents by improving their ability to keep appointments and to listen to and talk with staff members.	HAS ATTENDED FOUR HOME VISITS IN A ROW - 5/18 CALLED ME TO REMIND ME OF HOME VISIT CHANGE IN TIME - 7/22	1) SCHEDULE HOME VISITS AT NIGHT SO DAD & GRANDMA CAN ATTEND (THEY'RE REALLY INTERESTED) 3/29 2) MAKE A CALENDAR TO KEEP NEAR PHONE TO WRITE DOWN APPOINTMENTS
Establish parents' attendance at informal coffee groups or small social gatherings sponsored by the Center.	ATTENDED JUNE PARENT MTG. - 6/13 " JULY " " " 7/11 WHOLE FAMILY ATTENDED FALL POTLUCK - WERE THE LAST TO LEAVE 9/6	1) INTRODUCE MARY TO ALL OTHER PARENTS AT MEETING (6/13) 2) ASK M. IF SHE'D LIKE TO BRING A FRIEND TO PAR. MTG. - 9/12 (9/13) 3) CALL TO MAKE SPECIAL INVITATION

Readiness Level for Parent Involvement Worksheet

IV. Participation Level

Parent Name Pat Green Date begun 2/1/85

Staff Name(s) M Martin Date achieved _____

	Parent Indicator	Staff Facilitator
Understand implications of child's delay or disability in terms of effect on child's past development, current abilities and needs, and future limitations.		1) Provide opportunities to observe same-aged normally developing children 2) Invite P. to watch assessments being administered 3) Visit a preschool, Head Start, or other 'next environment' w/ Pat
Develop knowledge and skills necessary to teach without staff support.	Pat showed me activity developed on own at home 3/3	1) Ask Pat to watch me, therapist conducting interventions, then P. demonstrate techniques
Develop knowledge and skills necessary to work with other parents in intervention sessions.		1) Set up team-teaching activity (Pat & Chris) so both can practice working with their children
Achieve emotional stability necessary to work with other parents in intervention session.	(Pat calls other parents; offers transportation, assistance)	Role-playing?
Share with other parents, professionals, and community members (in resource role to staff members) the importance and impact of early intervention program on child.	Pat asked if it's O.K. to present information on the Program at Farm Extension mtg-4/6	Ask Pat to help at community presentations - speak briefly?!

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Readiness Levels for Parent Involvement Worksheet

I. Attendance Level

Parent Name _____ Date began _____

Staff Name(s) _____ Date achieved _____

	Parent Indicator	Staff Facilitator
Stabilize ecological factors by improving family's home, health, safety, nutritional, and economic situation.		
Alleviate stress and emotional pressures on family by stregthening family's support system and parents' relationship with each other and by improving parents' self-concept and self-esteem.		
Assist parents' care of child by facilitating basic daily care, encouraging nurturing behavior, appropriate parenting roles, and appropriate parental expectations for child.		
Increase verbal accessibility of parents by improving their ability to keep appointments and to listen to and talk with staff members.		
Establish parents' attendance at informal coffee groups or small social gatherings sponsored by the Center.		

Readiness Levels for Parent Involvement Worksheet

II. Observation Level

Parent Name _____ Date begun _____

Staff Name(s) _____ Date achieved _____

	Parent Indicator	Staff Facilitator
Attend orientation session, demonstrate interest in program.		
Recognize child's need for services, develop awareness of child's level of functioning, express some concern regarding child's development.		
Recognize ability to influence and promote child's development by recognizing role as parent; seeing child as individual, separate person; reacting to child's needs; engaging in "teaching" activity or task.		
Develop an interest in improving parenting and teaching knowledge and skills.		
Establish regular attendance at child's intervention session and cooperate in observational sessions.		

Readiness Levels for Parent Involvement Worksheet

III. Assistance Level

Parent Name _____ Date begun _____

Staff Name(s) _____ Date achieved _____

	Parent Indicator	Staff Facilitator
Establish perception that intervention setting is safe, non-threatening experience (as seen by parent's regular attendance, verbal feedback, and improved parent-staff relationship).		
Develop realistic expectations for child's behavior (as seen by appropriate discipline) and for child's development.		
Establish appropriate parent/child relationship, with parent learning to enjoy parenting role, play with child, communicate appropriately, and use encouragement and reinforcement to facilitate child's development.		
Recognize parent as child's primary teacher, who assumes responsibility for and pride in promoting child's development.		
Assist in social events, including parent groups, parent meetings, and staff meetings.		

III. Assistance Level - continued

	Parent Indicator	Staff Facilitator
Assist in making materials for staff-structured activities both during session and at home.		
Work with child in staff-structured activities which are gradually done more independently of staff's presence and support.		

Readiness Level for Parent Involvement Worksheet

IV. Participation Level

Parent Name _____ Date begun _____

Staff Name(s) _____ Date achieved _____

	Parent Indicator	Staff Facilitator
Understand implications of child's delay or disability in terms of effect on child's past development, current abilities and needs, and future limitations.		
Develop knowledge and skills necessary to teach without staff support.		
Develop knowledge and skills necessary to work with other parents in intervention sessions.		
Achieve emotional stability necessary to work with other parents in intervention session.		
Share with other parents, professionals, and community members (in resource role to staff members) the importance and impact of early intervention program on child.		

Readiness Levels for Parent Involvement Worksheet

V. Planning Level

Parent Name _____ Date begun _____

Staff Name(s) _____ Date achieved _____

	Parent Indicators	Staff Facilitator
Teach concepts and skills to child with little direction or monitoring by staff.		
Plan ideas for use by individual, group, or both, beginning with social activities and ending with instructional and therapeutic activities.		
Assist in planning classroom activities, including joint planning with staff and planning on own.		
Provide one-to-one support to other parents in classroom and in group meetings.		
Act as resource person for professionals.		
Act as advocate for child.		

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Readiness Levels for Parent Involvement Worksheet

VI. Leadership Level

Parent Name _____ Date begun _____

Staff Name(s) _____ Date achieved _____

	Parent Indicator	Staff Facilitator
Leadership for parent groups.		
Presentations to professional groups.		
Assistance with community awareness activities.		
Participation in decision- and policy-making by serving on task forces, advisory councils, and Boards of Directors.		

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